



General Assembly

February Session, 2022

Raised Bill No. 5275

LCO No. 1825



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

***AN ACT PROHIBITING CERTAIN HEALTH CARRIERS FROM
REQUIRING STEP THERAPY FOR PRESCRIPTION DRUGS USED TO
TREAT MENTAL OR BEHAVIORAL HEALTH CONDITIONS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-510 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective January 1, 2023*):

3 (a) No insurance company, hospital service corporation, medical
4 service corporation, health care center or other entity delivering, issuing
5 for delivery, renewing, amending or continuing an individual health
6 insurance policy or contract that provides coverage for prescription
7 drugs may:

8 (1) Require any person covered under such policy or contract to
9 obtain prescription drugs from a mail order pharmacy as a condition of
10 obtaining benefits for such drugs; or

11 (2) Require, if such insurance company, hospital service corporation,
12 medical service corporation, health care center or other entity uses step
13 therapy for such drugs, the use of step therapy for (A) any prescribed

14 drug for longer than sixty days, [or] (B) a prescribed drug for cancer
 15 treatment for an insured who has been diagnosed with stage IV
 16 metastatic cancer, provided such prescribed drug is in compliance with
 17 approved federal Food and Drug Administration indications, or (C) a
 18 prescribed drug for treatment of a mental or behavioral health
 19 condition, provided such prescribed drug is in compliance with
 20 approved federal Food and Drug Administration indications.

21 (3) At the expiration of the time period specified in subparagraph (A)
 22 of subdivision (2) of this subsection or for a prescribed drug described
 23 in subparagraph (B) or (C) of subdivision (2) of this subsection, an
 24 insured's treating health care provider may deem such step therapy
 25 drug regimen clinically ineffective for the insured, at which time the
 26 insurance company, hospital service corporation, medical service
 27 corporation, health care center or other entity shall authorize
 28 dispensation of and coverage for the drug prescribed by the insured's
 29 treating health care provider, provided such drug is a covered drug
 30 under such policy or contract. If such provider does not deem such step
 31 therapy drug regimen clinically ineffective or has not requested an
 32 override pursuant to subdivision (1) of subsection (b) of this section,
 33 such drug regimen may be continued. For purposes of this section, "step
 34 therapy" means a protocol or program that establishes the specific
 35 sequence in which prescription drugs for a specified medical condition
 36 are to be prescribed.

37 (b) (1) Notwithstanding the sixty-day period set forth in subdivision
 38 (2) of subsection (a) of this section, each insurance company, hospital
 39 service corporation, medical service corporation, health care center or
 40 other entity that uses step therapy for such prescription drugs shall
 41 establish and disclose to its health care providers a process by which an
 42 insured's treating health care provider may request at any time an
 43 override of the use of any step therapy drug regimen. Any such override
 44 process shall be convenient to use by health care providers and an
 45 override request shall be expeditiously granted when an insured's
 46 treating health care provider demonstrates that the drug regimen
 47 required under step therapy (A) has been ineffective in the past for

48 treatment of the insured's medical condition, (B) is expected to be
49 ineffective based on the known relevant physical or mental
50 characteristics of the insured and the known characteristics of the drug
51 regimen, (C) will cause or will likely cause an adverse reaction by or
52 physical harm to the insured, or (D) is not in the best interest of the
53 insured, based on medical necessity.

54 (2) Upon the granting of an override request, the insurance company,
55 hospital service corporation, medical service corporation, health care
56 center or other entity shall authorize dispensation of and coverage for
57 the drug prescribed by the insured's treating health care provider,
58 provided such drug is a covered drug under such policy or contract.

59 (c) Nothing in this section shall (1) preclude an insured or an
60 insured's treating health care provider from requesting a review under
61 sections 38a-591c to 38a-591g, inclusive, or (2) affect the provisions of
62 section 38a-492i.

63 Sec. 2. Section 38a-544 of the general statutes is repealed and the
64 following is substituted in lieu thereof (*Effective January 1, 2023*):

65 (a) No insurance company, hospital service corporation, medical
66 service corporation, health care center or other entity delivering, issuing
67 for delivery, renewing, amending or continuing a group health
68 insurance policy or contract that provides coverage for prescription
69 drugs may:

70 (1) Require any person covered under such policy or contract to
71 obtain prescription drugs from a mail order pharmacy as a condition of
72 obtaining benefits for such drugs; or

73 (2) Require, if such insurance company, hospital service corporation,
74 medical service corporation, health care center or other entity uses step
75 therapy for such drugs, the use of step therapy for (A) any prescribed
76 drug for longer than sixty days, [or] (B) a prescribed drug for cancer
77 treatment for an insured who has been diagnosed with stage IV
78 metastatic cancer, provided such prescribed drug is in compliance with

79 approved federal Food and Drug Administration indications, or (C) a
80 prescribed drug for treatment of a mental or behavioral health
81 condition, provided such prescribed drug is in compliance with
82 approved federal Food and Drug Administration indications.

83 (3) At the expiration of the time period specified in subparagraph (A)
84 of subdivision (2) of this subsection or for a prescribed drug described
85 in subparagraph (B) or (C) of subdivision (2) of this subsection, an
86 insured's treating health care provider may deem such step therapy
87 drug regimen clinically ineffective for the insured, at which time the
88 insurance company, hospital service corporation, medical service
89 corporation, health care center or other entity shall authorize
90 dispensation of and coverage for the drug prescribed by the insured's
91 treating health care provider, provided such drug is a covered drug
92 under such policy or contract. If such provider does not deem such step
93 therapy drug regimen clinically ineffective or has not requested an
94 override pursuant to subdivision (1) of subsection (b) of this section,
95 such drug regimen may be continued. For purposes of this section, "step
96 therapy" means a protocol or program that establishes the specific
97 sequence in which prescription drugs for a specified medical condition
98 are to be prescribed.

99 (b) (1) Notwithstanding the sixty-day period set forth in subdivision
100 (2) of subsection (a) of this section, each insurance company, hospital
101 service corporation, medical service corporation, health care center or
102 other entity that uses step therapy for such prescription drugs shall
103 establish and disclose to its health care providers a process by which an
104 insured's treating health care provider may request at any time an
105 override of the use of any step therapy drug regimen. Any such override
106 process shall be convenient to use by health care providers and an
107 override request shall be expeditiously granted when an insured's
108 treating health care provider demonstrates that the drug regimen
109 required under step therapy (A) has been ineffective in the past for
110 treatment of the insured's medical condition, (B) is expected to be
111 ineffective based on the known relevant physical or mental
112 characteristics of the insured and the known characteristics of the drug

113 regimen, (C) will cause or will likely cause an adverse reaction by or
114 physical harm to the insured, or (D) is not in the best interest of the
115 insured, based on medical necessity.

116 (2) Upon the granting of an override request, the insurance company,
117 hospital service corporation, medical service corporation, health care
118 center or other entity shall authorize dispensation of and coverage for
119 the drug prescribed by the insured's treating health care provider,
120 provided such drug is a covered drug under such policy or contract.

121 (c) Nothing in this section shall (1) preclude an insured or an
122 insured's treating health care provider from requesting a review under
123 sections 38a-591c to 38a-591g, inclusive, or (2) affect the provisions of
124 section 38a-518i.

This act shall take effect as follows and shall amend the following sections:		
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Section 1	<i>January 1, 2023</i>	38a-510
Sec. 2	<i>January 1, 2023</i>	38a-544

Statement of Purpose:

To prohibit certain health carriers from requiring step therapy for prescription drugs prescribed to treat mental or behavioral health conditions.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]